Chapter III Institutional Operations	Policy #: S506	References: MGL c. 124 § 1; c. 127 § 1A 103 CMR 910.04 & 924.06 ACI: 3-4184; 4269; 4272 3-ALDF-3A-18; 3E-09; 4A-01	Page 1 of 4
Patrols & Inspections Facility Search Plan	Date of Issue: January 1, 2000 Effective: January 2012	Approved: Andrea J. Cabral, Sheriff	

Purpose

To prevent the introduction of unauthorized and/or illicit materials into any Department facility by conducting routine and unscheduled searches of inmates and inmate accessible areas.

Policy Statements

I. Department rules regarding contraband, searches, and inspections shall be published and made available to inmates, visitors and staff. See **S501, Security and Control.**

II. All areas of each facility shall be searched at least quarterly, and more often when necessary.

III. Searching of people and areas shall be conducted with proper regard for the dignity of individuals and his/her personal property.

IV. Searches directed at solving a possible crime will be authorized by the Superintendent or designee and will provide for the preservation of all evidence found in accordance with **S567, Physical Evidence**.

Procedures

I. General Information

A. Search of the Inmate

1. The search of inmates shall be conducted at times which include, but are not limited to:
   a) admission or re-entry into the facility;
   b) return to the facility after completion of outside work details;
   c) return to housing areas after contact visits, special visits, and/or attorney visits; and
   d) return to the housing area from facility programs, work details and activities.
2. Personal search of an inmate may include pat or frisk search of person, search of personal items in his/her possession, and strip search conducted in accordance with **S507, Inmate/Detainee Searches.**

B. Search of a Room or Area

1. The search of a room or area of the institution shall be conducted at times which include, but are not limited to, the:
   a) daily inspection of inmate rooms, both occupied and unoccupied;
   b) daily search of housing unit areas and equipment;

c) regular search of all areas accessible to inmates such as the gymnasium, recreation and program areas, corridors, traps, admission and transfer areas, work areas, etc.;
d) regular search of all areas accessible to the public such as elevators, corridors, traps, visiting rooms, and lobby;
e) regular search of the facility perimeter, entrances, and parking areas; and
f) any other area as directed by a supervisor.

II. Facility Search Plan

A. Purpose

1. Search plans are designed to:
   a) prevent introduction of weapons and other contraband into the facility;
   b) detect the manufacture of weapons or escape devices within the facility;
   c) discover and prevent trafficking between inmates as well as between employees and inmates, and inmates and visitors;
   d) detect theft, pilferage and trafficking in facility stores and property;
   e) detect malicious waste or destruction of County property; and
   f) discover hazards to health or safety that may go unnoticed during a routine inspection.

B. Contraband

1. Generally, contraband includes, but is not necessarily limited to, any item that is:
   a) illegal;
   b) not expressly listed or approved by the Superintendent;
   c) not available for purchase through inmate canteen;
   d) allowed and/or available through the inmate canteen, but kept in excessive amounts;
   e) County-issued or personal property of an inmate found in the possession of another inmate; or
   f) used in a manner for which it was not intended.

C. Frequency of Searches

The Deputy Superintendent of Operations or the Shift Commander as designee will make provisions for announced, unannounced, and random searches of selected areas of the facility as s/he deems appropriate. Each unit, cell, or room will be searched prior to new occupancy.

D. Officer Responsibility

1. Each officer is individually responsible for visual inspection of each area to which s/he is assigned during his/her shift.
2. Results of the visual inspection will be properly documented in the unit logbook.

E. Shop, Program & Activity Area Searches

Food preparation, shop, program and activity areas to which inmates have access are searched regularly on an irregular basis, but not less than once per quarter. Search reports will be forwarded to the Deputy Superintendent of Operations through the Shift Commander.

10. When contraband is found, and the owner is known, a disciplinary report must be generated. When the owner is not known, an incident report must be written explaining the search, use of K-9, location of contraband found, etc.

C. *Use of K-9*

1. Department K-9 units will be deployed inside the facility upon authorization of the Deputy Superintendent of Operations or the Shift Commander as designee, to inspect:
   a) mail inside the Mail Room for contraband;
   b) common areas, staff areas and program areas that are not occupied by inmates;
   c) inmate living quarters and any other areas occupied by inmates; and
   d) areas during a disturbance or other emergency.

2. Whenever K-9 units enter the facility for any reason, such presence in the facility, reason(s) therefor, and the name and title of the authority authorizing the deployment will be documented on the Shift Commander's report.
3. K-9 handlers will prepare and forward incident & use of force reports as needed to the Shift Commander.

D. *Vehicle & Supply Searches*

All vehicles entering and exiting a facility's secure perimeter will be searched to prevent the introduction of contraband into the facility and escapes in accordance with **S501, Security and Control**.

E. *Visitor Searches*

Searches of visitors will be conducted in accordance with **S483, Inmate Visits**. Only pat searches of visitors will be permitted.

F. *Administrative Area Search*

Searches of administrative areas (including all offices, bathrooms, training area, muster room, exercise room, and locker rooms) will be conducted as authorized by the Deputy Superintendent of Operations.

G. *Reports*

1. Searches that result in the seizing of contraband, the discovery of rules violations, or the identification of safety or security concerns shall be reported in writing to the Shift Commander.
2. Whenever a search reveals evidence of suspected criminal activity, the Shift Commander will be immediately notified, a report shall be made to S.I.D., and evidence shall be handled in accordance with **S567, Physical Evidence**.
3. Seized contraband shall be identified, labeled, and stored as necessary to preserve evidence, protect personal property rights, and conform with institutional property regulations.
4. When inmate property is seized as a result of a search, a receipt shall be issued.
5. Contraband may be disposed of only in accordance with established policy and procedures.

Staff Safety

When conducting searches, staff should always exercise universal precautions by wearing protective gloves and other protective clothing or equipment as appropriate given the circumstances of the search. When blood or bodily fluids are present officers should not wear leather gloves while performing searches.

III. Housing Unit, Room/Cell Searches

A. General

All quarterly housing unit searches will be to be documented in the unit logs and Shift Commander's report.

1. In conducting a search of a housing unit, the officer(s) engaged in the search must keep two (2) objectives in mind:
   a) identification and seizure of contraband; and
   b) prevention of an escape through the detection of breaches in internal or perimeter security.
2. Care will be taken not to damage or unnecessarily disarrange inmate property during a search.
3. A search may be undertaken as a planned and coordinated sweep, a random search approved by the SERT supervisor, or an impromptu and targeted response to a specific concern, allegation, suspicion or report.

B. Search Techniques

1. The Shift Commander will notify the appropriate unit supervisor and members of the search team(s) of the unit(s) to be searched.
2. The Shift Commander will direct all movement to and from the unit to cease.
3. The unit supervisor will organize and direct the search process. When a unit search is undertaken, the search area will be divided into manageable sections. As each area is searched, it will be immediately secured. After the entire area has been searched, the cell doors will be opened and the inmates will be returned.
4. As officers enter each room/cell or housing area, inmate(s) will be strip-searched in accordance with established procedures.
5. The inmate(s) will then be ordered to vacate his/her rooms and move to the dayroom, recreation deck or other area of the unit.
   a) Inmate(s) will be instructed to leave all items in the room/cell or housing area except for his/her inmate IDs and the clothing they are wearing.
6. A careful visual inspection and organized physical search will be conducted of all (or selected) rooms/cells, including walls, ceilings, floors, windows, doors, locks, furniture, fixtures, bedding, property, and all items contained therein.
7. All security locks, doors, bars and hinges will be visually inspected, tested or probed appropriately to ensure operational ability and detect any tampering or misuse.
8. Common areas will be inspected by unit officers at least once each shift, and will be thoroughly searched at least once each quarter. Care must be taken in inspecting unit equipment to detect any misuse or tampering.
9. The Shift Commander will ensure a Quarterly Search Report is generated by the Lieutenant supervising the search and forwarded to the Deputy Superintendent of Operations or designee.

Chapter IV **Institutional Services**	Policy #: **S624**	References: **MGL** c. 123, § 18 (a) 103 **CMR** 932.05 **ACI**: 3-4364 3-**ALDF**-4E-34	*Page1 of 8*
Health Care **Suicide Prevention**	*Date of Issue:* January 1, 2002 *Effective:* January 2012	*Approved:* Andrea J. Cabral, Sheriff	

Purpose

In order to minimize the risk of suicide and suicide attempts in all Department facilities, all staff shall attempt to identify and record suicide risk information on all persons in custody and to intervene as trained. This includes specific current threats, previous attempts, and "at risk" behaviors[1] and symptoms.

Policy Statements

I. All inmates admitted to the House of Correction and Jail shall be assessed for suicidal ideation as an integral part of the booking process.
II. All inmates admitted to a Department facility shall be checked for past attempts or threats of suicide by performing a Q-5 query through the Criminal Justice Information System (CJIS).
III. All staff with responsibility for inmate supervision shall be trained in the identification of inmates "at risk" of suicide and the actions to be taken to prevent attempts.
IV. When ever inmates threaten or attempt suicide an entry shall be made in the Q-5 file.

Definitions

I. **Crisis** - a decision time of acute danger or difficulty. This can be a social or personal situation brought on by stressful events.
II. **Depression** - a sense of severe hopelessness or generalized negative expectancies which are often manifested with physical symptoms.
III. **Risk factors** - those issues, conditions, or situations that may put a person at risk of suicide.
IV. **Suicidal behavior** - thoughts, plans and/or actions which, if fully implemented, may result in death.
V. **Suicidal ideation** - the act of contemplating suicide and fantasizing about the relief from psychological burdens.
VI. **Suicide attempt** - actions taken to deliberately injure or attempt to injure oneself with the intent of causing one's own death that do not result in death.

[1] Refer to Attachment 1

VII. **Suicide -** actions taken to deliberately injure oneself that result in death. Not all suicides are preceded by suicidal behavior but are sometimes an impulsive act or occur in a state of panic.

VIII. **Self-mutilation** – the act of deliberately injuring oneself, with little chance of actually killing oneself. Injuring oneself is the objective and is not a suicide attempt. The urge to mutilate is often irresistible and uncontrollable.

IX. **Withdrawal** – the individual will do very little physical activity, refuses to eat, speak or get out of bed.

X. **Mental Health Watch –** A tool used by mental health staff to define the schedule of observation and property allowed to inmates assessed as being at risk of harm to self or others. The intent of a mental health watch is to keep inmates and staff safe when an inmate's behavior is unstable due to mental illness and/or they have been assessed as a risk to themselves or others.

Procedures

I. Prevention & Intervention

A. Booking Screening

1. The booking officer, being the first contact with incoming inmates/detainees, will be trained to recognize the signs and symptoms of mental illness and suicide risk. The booking officer will monitor all incoming inmates/detainees regarding an elevated risk of self-harm until the inmate/detainee is seen and evaluated by the Intake/admitting nurse. In the event that an inmate/detainee presents to the booking officer as being at risk, the officer will immediately notify the intake/admitting nurse, the shift commander, and the on-site/on-call medical/mental health clinician, and initiate constant observation on the inmate/detainee until seen by a medical/mental health professional.

2. The intake/admitting nurse will initiate a behavioral health assessment of each inmate shortly after his/her arrival at the facility. The nurse will ask the inmate a series of behavioral health questions designed to help identify inmates who may be at risk of suicide. The inmate's responses will be recorded and answers which suggest suicidal thinking, or disclose a previous suicide attempt, will be flagged and referred to medical/mental health staff for further assessment.

3. Should this initial contact with the inmate disclose or suggest to the intake/admitting nurse that the inmate is unusually despondent or sad; s/he will place the inmate on a mental health watch and request that the inmate be seen and evaluated.

B. Q-5 (suicide risk) Query

1. An inquiry will be made using the CJIS database to determine whether the inmate being booked has ever attempted or threatened suicide while in police, county or state custody. This file is referred to as the Lockup Suicide File, and its access code is "Q-5".
2. Only authorized CJIS operators may make Q-5 queries.
   a) All commitments shall be checked against the Q-5 file.

b) Daily commitment Q-5 queries shall be performed as soon as possible after commitment to a Department facility. Checks shall be performed and recorded even if the person is subsequently bailed, released or transferred.

c) If any query is not conducted due to unavoidable circumstances, the Shift Commander shall notify his relief in writing (with a copy to the Superintendent).

d) If the Department's CJIS terminals are inoperative due to a malfunction, routine Q-5 queries may be delayed until repairs are made. High-risk persons shall include inmates who allege a suicidal history during intake or who are identified as being at risk by the Medical Division.

e) All Q-5 queries made by an operator, and the results, shall be documented on **Form 624-1**.

f) Q-5 query forms shall be filed in the Records Office.

g) When the Q-5 query indicates that the person has attempted or threatened suicide while in custody, the CJIS operator shall immediately notify the Shift Commander. As soon as practical, the operator shall copy the person's booking card and the "LOCKUP SUICIDE ATTEMPT" printout, and attach it to the Q-5 report form. These documents will serve as the operator's report and shall be filed with: the Records Office (original), the Superintendent, the Shift Commander, the Medical Division, and Lifeline.

3. Communication of positive results obtained from this query will be shared with the booking nurse, the nurse in charge of the medical clinic, the Shift Commander and the unit officers. The Shift Commander will note at-risk inmates in the Shift Commander's report.
4. Whenever an inmate or detainee, while in SCSD custody, attempts to commit suicide, threatens to commit suicide or expresses suicidal ideation, an entry identifying the inmate as a Q-5 shall be made into the CJIS system.

C. Mental Health Assessment

1. During the admission process, every inmate will be seen and evaluated by a nurse. Normally, this health assessment is completed in the booking room; however, on occasion, the assessment may take place after the inmate has been transferred to a housing unit.
2. As an integral part of the initial health care assessment, the admitting nurse will complete an "*Intake Receiving and Screening*" form. This evaluation requires the nurse to be particularly observant for, amongst other mental health concerns, signs or symptoms that might suggest depressed mood or affect, disorientation, drug/alcohol intoxication or delusional thinking.
3. Whenever the admitting nurse determines that an inmate appears *"at risk"* for self-injury, or suicide, s/he is to document these findings in the inmate's medical record. The completed assessment, along with a "*Mental Health Referral*" form, will be submitted to the medical/mental health staff for further evaluation.
4. Should the intake/admitting nurse in booking feel that the inmate presents as an **immediate** risk for suicidal behavior, s/he will immediately notify the medical/mental health clinician on duty for immediate assessment.

5. At-risk inmates will be closely supervised until the medical/mental health practitioner has met with and evaluated the inmate. When necessary, the admitting nurse will direct the placement of the inmate into the medical unit to await evaluation and/or treatment.
6. All referrals shall be assessed within fourteen (14) days, but assessment of any inmate classified as a Q-5 shall be completed within twenty-four (24) hours.

D. Crisis Intervention

1. At any time during incarceration an inmate may be identified by correctional, medical, or mental health staff as being at-risk of suicide. Every verbalized threat of suicide must be taken seriously and responded to appropriately.
2. It is not necessary for an inmate to have actually attempted suicide to be considered at-risk.
   a) When an inmate reports feelings or intentions of harming themselves to a staff member, the staff member is to immediately notify the unit officer, the Shift Commander and the on-duty mental health staff.
   b) A staff member must remain with the inmate until s/he is seen and evaluated by a medical/mental health practitioner or transferred to the clinic/infirmary.
   c) The staff member will document the incident, including direct observations, suicidal statements made, and actions taken. A copy of the report will be sent to the Shift Commander, who will forward copies to the Medical/Mental Health Division, the Superintendent, and the Records Office or, if unavailable, a CJIS operator on duty.
3. When an inmate attempts suicide by hanging, cutting, ingesting or other lethal means, staff responding to the scene will take whatever steps may be necessary to ensure the life, safety and health of the inmate.
   a) Following any type of suicide attempt, an emergency referral will be made to the medical/mental health staff.
      1) If there are no injuries, the Shift Commander will contact the Medical Division to determine the need for the inmate's transfer to an observation bed in the medical unit.
      2) Administrative mental health watches may be conducted in a segregation unit with orders from the facility psychiatrist. All mental health watch (Q5 watch) rounds will be conducted every 15 minutes. Q5 watches in segregation will be conducted every 15 minutes and routine unit rounds will be conducted every 30 minutes per policy.
      3) All administrative watches will be discontinued with orders from the psychiatrist.
      4) The inmate will remain under constant observation pending completion of a mental health assessment and the formulation of a plan of care by a medical/mental health practitioner.
   b) In the event the inmate was injured and requires medical treatment beyond that which can be provided in the medical unit, the Medical Division will coordinate the inmate's transfer to a hospital by ambulance in accordance with **S530, Transportation.**

c) In the event of the serious injury or death of an inmate as a result of a suicide attempt, follow the procedures in **S623, Serious Illness, Injury or Death.**

E. At-Risk Behavior

1. An inmate will be assessed by medical/mental health staff to determine the need for maintenance on Mental Health Watch status whenever s/he:
   a) expresses or demonstrates intent to do bodily harm;
   b) expresses suicidal ideation;
   c) reports feelings of depression and anxiety accompanied by suicidal thoughts or thoughts of self injury;
   d) returns from a hearing conducted pursuant to G.L. c. 123, § 18 (a) at which the petition was denied;

2. Any staff member who witnesses a suicide attempt or threat must also write an incident report for submission to the Shift Commander, the Medical/Mental Health Division, and the Records Office.
3. The inmate will remain under continuous observation pending completion of a mental health assessment and the formulation of a plan of care by a medical/mental health practitioner.
4. The officer assigned to continuous observation will document his/her observations every fifteen (15) minutes in the unit log.5. The property to be retained by an inmate/detainee in suicide precautions will be determined by the medical/mental health practitioner

F. Q-5 Reporting

1. Whenever an inmate is placed on continuous observation status because of suicidal ideation or a suicide attempt, the Shift Commander will be notified.
2. The Shift Commander will notify the Records Office or, if no Records Office staff are available, a CJIS operator on duty with instructions to enter pertinent information about the inmate into the CJIS database.
   a) In the event of an attempt or threat of suicide by a person in custody, or if an inmate is committed to a mental health facility by the Medical Division because of suicide risk, such information shall be entered in the Q-5 file.
   b) A report shall be forwarded to the CJIS operator on duty.
      1) Such report shall include the following information required to input the data to CJIS: *Name, Address, Date of Birth, Race, Sex, Height, Weight, Hair Color, Eye Color, Charge, Date, Time*, and *Summary Information* which generally describes the event.
      2) Descriptive data may be supplied by attaching a copy of the booking card to a narrative report.
   c) The Medical Division shall initiate the report when a petition for commitment is initiated, or when a threat of suicide is made during medical screening or treatment and forward it to their supervisors and the Records Office.
   d) The Shift Commander shall initiate the report in the event of a suicide attempt or when a threat of suicide is reported.

e) Input of data to CJIS, and the input of a Q-5 alert into Lock & Track, must be accomplished as soon as possible.

G. Release

1. Inmates will remain on Mental Health Watch status until such time as the medical/mental health practitioner determines, based on an assessment of the inmate's presenting condition, that less frequent observation would be appropriate. The practitioner will enter his/her findings and recommendations into the inmate's medical record and communicate this information to the Shift Commander or designee.
2. When the practitioner finds that the inmate no longer requires housing in the medical unit, the inmate's status will be changed and the custody staff will arrange for the inmate's transfer to another housing unit.

II. Peer Counseling (NSJ)

A. Lifeline

Lifeline is a model suicide prevention program, which is coordinated by staff and representatives from the Samaritans of Boston. The philosophy of the program is based on the belief that there are times when inmates are more comfortable sharing their fears and concerns with a peer.

B. Training

Individuals selected for participation as a Lifeline peer counselor must have good listening skills and demonstrate caring for others. Upon successful completion of the training program, the Lifeline peer counselor's name will be added to the list of inmates/detainees approved to work with staff in suicide prevention.

C. Referral Process

1. The Medical Division will be immediately notified whenever an inmate requests to meet with a Lifeline peer counselor.
2. The Health Services Administrator (HSA) or designee will select the peer counselor from the approved list of Lifeliners.
3. The HSA or designee will call the area supervisor and arrange for the two inmates to meet.
4. Following the meeting, the Lifeliners will be escorted to the Medical Division to report his/her observations.
5. The HSA or designee will use this information, along with other assessments in determining what further action may be warranted.
6. Every effort will be made to ensure that the inmate's privacy interests are respected.

D. Documentation

The HSA or designee will document the provision of peer counseling and any other action taken in the inmate's medical record.

ATTACHMENT I

Risk Factors & Behaviors

- Previous suicide attempts.
- Verbalization of suicide threats.
- History of mental illness.
- Social isolation that accompanies confinement in special management housing.
- Giving away prized personal possessions.
- Collection and discussion of information on suicide methods.
- Expression of hopelessness, helplessness, and anger at oneself or the world.
- Themes of death or depression evident in conversation, written expressions, reading selections, or artwork.
- Statements or suggestions that the speaker would not be missed if s/he were gone.
- Scratching or marking of the body, or other self-destructive acts.
- Recent loss of a friend or a family member (or even a pet) through death or suicide; other losses (for example, loss of a parent resulting from divorce).
- Acute personality changes, unusual withdrawal, aggressiveness, or moodiness, or new involvement in high-risk activities.
- Physical symptoms such as eating disturbances, sleeplessness or excessive sleeping, chronic headaches or stomach aches, menstrual irregularities, or apathetic appearance.

Q-5 QUERY REPORT FORM

I certify that I have checked the names of all inmates beginning with booking number _____ and ending with booking number _____ and that there is no record in Q-5 of any of these inmates except as follows:

NAME	BOOKING #	DOB	FILE #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

_____ Operator name (printed)

_____ Operator signature

Date: _____

NOTE: If this query indicates an inmate has attempted or threatened suicide, the operator shall:

1. immediately notify the Shift Commander;
2. record the inmate's information on this form;
3. print a copy of the booking card and the "LOCKUP SUICIDE ATTEMPT" printout and attach them to this report; and
4. send the original to the Records Office with copies to the Superintendent, Shift Commander, Medical and Lifeline.

Form 624-1

Suicide Awareness
S624

Custody

2012

Questions?

IN MEMORY OF OUR FALLEN OFFICERS

Icebreaker

- Top ten suicide methods

1. Firearms
2. Drugs/Alcohol overdose
3. Hanging
4. Poisoning
5. Carbon monoxide poisoning
6. Suffocation
7. Jumping
8. Cutting (Slit wrist or major artery)
9. Electrocution
10. Drowning

Listverse.com

What Is Suicide?

- The act of deliberately taking, yielding, or making likely the end of one's life is **Suicide**.

Suicide

- Suicide is often the most common cause of death in correctional settings.

Suicide

Suicide is a 3 part process:

1. Beginning: the idea of suicide
2. Midpoint: an initial plan
3. Endpoint: an act (attempt or completion) or a successful intervention

What kind of people commits suicide?

Family...

Friends...

Co-Workers

Celebrities who suffers from depression

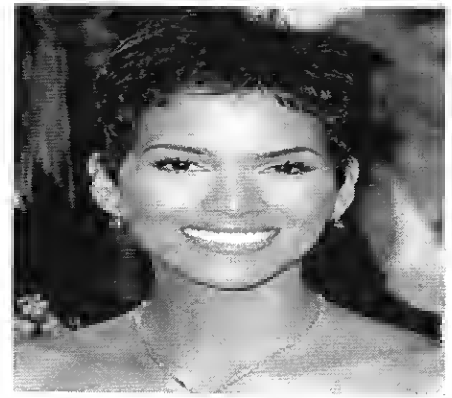
Sinead O'Connor

Owen Wilson

Terry Bradshaw

Ashley Judd

Jim Carrey



Halle Berry

National Jail Statistics

- 94% of suicides in jails are by hanging
- 75% of victims are detained on non-violent charges
- 2 out of 3 victims are in isolation at the time of the suicide
- 60% of victims are intoxicated at the time of confinement
- 51% of jail suicides occur within the first 24 hours of confinement
- 29% of those suicides occur in the first three hours

Risk Factors and Behaviors

- Depression
- Anger
- Talking/Joking about death
- Giving away items
- Intense shame, guilt, embarrassment
- Substance abuse
- Recent traumatic event

Suicide Misconceptions

- People who talk about suicide won't really do it.
- Anyone who tries to kill him/herself must be crazy.
- If you talk about suicide it may give someone the idea.
- People who commit suicide are people who are unwilling to seek help.
- If a person is determined to kill him/herself nothing is going to stop them.

Source: www.save.org

Suicide Facts

- Suicide attempts are made by people who are in severe psychological pain/emotional stress
- They are in a state of hopelessness
- They do not foresee a future.
- They see no solution to their problems.
- They feel alone and isolated
- 90% of incarcerated females are single mothers

Source: www.save.org

Suicide Facts

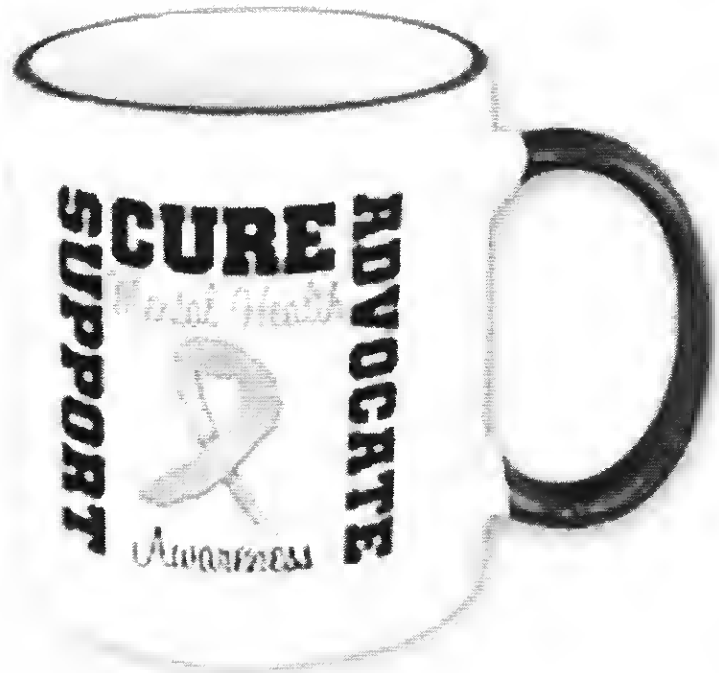
- Suicide takes the lives of nearly 30,000 Americans each year.
- 150 law enforcement officers commits suicide each year.
- Suicide rates in the U.S are highest in the spring.
- What state/City has the highest suicide rate?
- There are twice as many deaths due to suicide than HIV/AIDS.
- Suicide is the 3rd leading cause of death for 15 – 24 yrs olds.
- There are an estimated 8 to 25 attempted suicide to 1 completion.
- The strongest risk factor for suicide is DEPRESSION.

Sources: C.D.C, A.A.S, W.H.O

Suicide Facts

- Suicide is the 11th leading cause of death in the U.S. While homicide is the 15th.
- There are 4 male suicides for every female suicide.
- There are 3 female attempts for each male attempt.
- **80%** of people who attempt suicide tell someone about their intentions by their actions or actual statements.

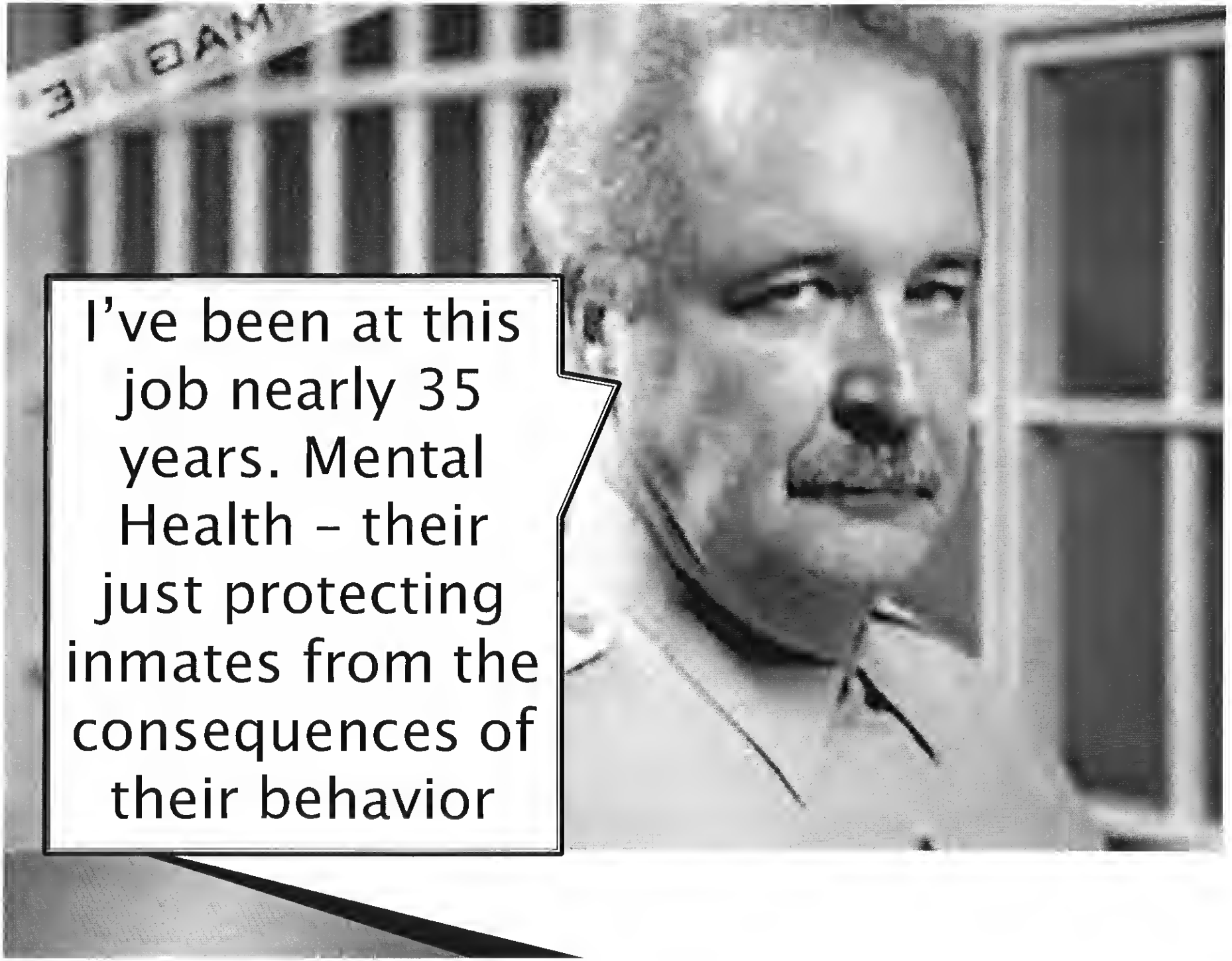
Our cups may look different.



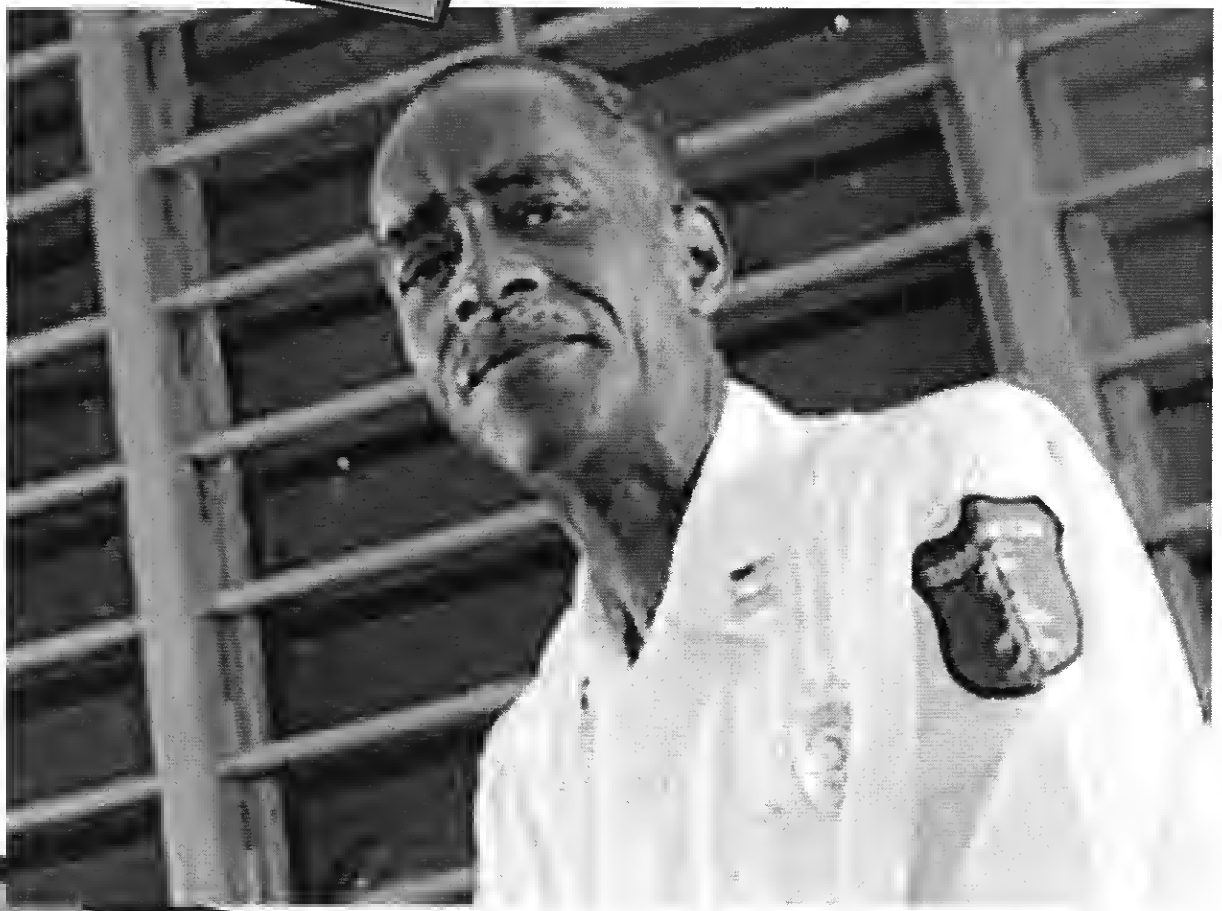
2
4
6
8
10

What do you think of Mental Health?

"I don't know, don't get me wrong I guess sometimes, I feel like, you know-maybe the inmates have free access to Medical or Mental health care more than Joe Citizen who's doing the right thing."
"My own health care cost doubled last year."


I've been at this job nearly 35 years. Mental Health – their just protecting inmates from the consequences of their behavior

We all have our jobs to do, I think for the most part we work well
together, it's a team approach.



What do you think of our correctional staff?

They have a tough job, too much stress at times I guess.

What about attitudes towards Mental Health?

Well, it depends on the individual, I've seen a lot of improvement over the past few years

What important role does the officer play?

Clinicians have only brief contact with inmates compared with the daily contact experienced by correctional officers, who essentially "live" with the inmates 40 hours a week on the housing units. Officers are typically first to observe significant changes in an inmate's routine or mental status.

Effective Correctional Staff are Fair but Firm.

Mental Health Care Providers Generally Regard Correctional Staff as Allies, not Adversaries

Everyone benefits when the relationship is characterized by mutual respect and reliance on the expertise of both security and mental health professionals.

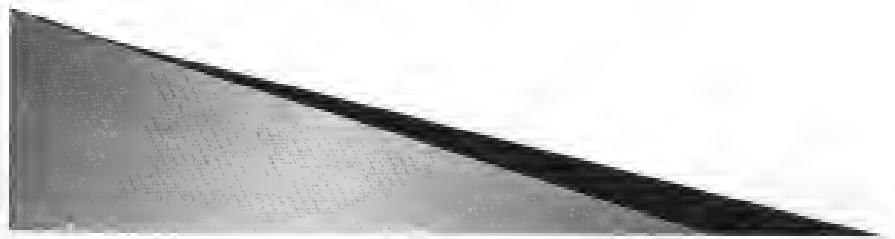
Taking Care of Our Own

- **C.O's have a 39% higher suicide rate than any other occupation.**
- 25% of Corrections Officers REPORT symptoms of depression
- Corrections work is stressful
- It effects all aspect of our lives

- Admitting to a problem and seeking help for that problem is viewed as weakness
- We have to learn to understand the stress and be able to identify signs that we are overloading our systems

Intervention

- **LISTEN** --- Encourage them to talk ask questions
- **BE HONEST** --- Talk openly, don't be judgmental
- **SHARE FEELINGS** --- Let them know you care
- **GET HELP** --- Supervisor/Doctor/Clergy/Lifeline (jail)



Suffolk County Sheriff's – E.A.P

E.A.P Contact Numbers

Long Island Office	617 328 – 0096
Don Cassidy	617 579 – 1400
House Peer Support	617 486 – 2757
Jail Peer Support	617 486 – 2275

1-800-SUICIDE or 1-800-999-9999

Samaritans 617-536-2460

WILL YOU BE THAT PERSON TO INTERVENE?